

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-022257

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6028

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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56

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

Registration District No.

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Primary Registration District No.

1003

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6028

STATE FILE NUMBER

FILED JUN 13 1963

1. PLACE OF DEATH

a. COUNTY

CHRISTIAN HOSPITAL

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis

Length of stay in 1b

1 week

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Christian Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis

admission)

c. CITY

OR TOWN Bridgeton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

114, 934 Sangamon Dr.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Ethel

Middle

Gertrude

Last

Sommer

4. DATE OF DEATH

Month

6

Day

7

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-14-1903

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

August Meyer

13b. MOTHER'S MAIDEN NAME

ANNETTE SPATH

14. NAME OF HUSBAND OR WIFE

August (dcd.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Jeanette Walker 14934 Sangamon Dr.

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Appendicitis with Perforation

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

and Peritonitis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

Myocardial failure, Obesity

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

5501

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

May 30, 1963

20f. CITY, TOWN, OR LOCATION

June 7-63

COUNTY

June 6-1963 AM

STATE

21. I attended the deceased from

Death occurred

May 30, 1963

to June 7-63 and last saw her alive on June 6-1963 AM

a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

[Signature]

22b. ADDRESS

1544 West Florissant

22c. DATE SIGNED

June 7-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6-10-1963

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

24. FUNERAL DIRECTOR

Baumann Bros. Funeral Home

ADDRESS

3504 Woodson Rd. Overland 14, Mo.

25. DATE REC'D. BY LOCAL REG.

JUN 7 1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

Issued and Validated

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No.

3454

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.